

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR
CLINICAL SOCIAL WORKER (HEALTH/CORRECTIONAL FACILITY) - SAFETY**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Clinical Social Worker (Health/Correctional Facility) (H/CF) - Safety with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at **www.spb.ca.gov**

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**CLINICAL SOCIAL WORKER (H/CF) - SAFETY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

NOTE: An Associate of Social Work (ASW) degree is not equivalent to a license.

Possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners. (Individuals who do not qualify for licensure by the California Board of Behavioral Science may be admitted to the examination and may be appointed but must secure a valid license within four years of appointment; however an individual can be employed only to the extent necessary to be eligible for licensure plus one year. An extension of the waiver may be granted for one additional year based on extenuating circumstances, as provided by Section 1277(e) of the Health and Safety Code. The time duration for unlicensed employment does not apply to active doctoral candidates in social work, social welfare, or social service, until the completion of such training.)

(Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of one year at which time licensure shall have been obtained or the employment shall be terminated. An extension of the waiver may be granted for one additional year based on extenuating circumstances, as provided by Section 1277(e) of the Health and Safety Code. Individuals granted an additional one-year based on extenuating circumstances may be appointed for a maximum of one year at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.) **And**

Education: Completion of a master's degree program from an accredited school of social work, approved by the Council on Social Work Education.

1. Do you possess a Master's degree from an accredited school of social work, approved by the Council on Social Work Education?

☐ YES -- Indicate School of Social Work _____
Name City State

☐ NO

2. Do you possess a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners?

☐ YES -- Indicate License Number _____ Expiration Date _____

☐ NO

3. If you do not possess a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners, are you willing to secure the license within the required time applicable to your situation as indicated above?

☐ YES

☐ NO (If you answer "No," your application will not be accepted for this examination.)

Note to applicants who are not licensed: If not licensed, please submit your "qualifying, official sealed transcripts" to: Department of Corrections and Rehabilitation, Health Care Services Division, P. O. Box 942883, CA 94283-0001, Attn: Credential Coordinator.

**CLINICAL SOCIAL WORKER (H/CF) - SAFETY
SUPPLEMENTAL APPLICATION**

Name: _____

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders, or parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to work among inmates, youthful offenders and parolees, including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to work with inmates, youthful offenders or parolees who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to abide by and adhere to institutional/parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you willing to work various and/or extended hours as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREES/CERTIFICATIONS/MEMBERSHIPS

Please indicate if you have any of the following degrees, certifications and/or memberships.

13. Associate of Arts/Bachelor of Arts in Psychology or Sociology	<input type="checkbox"/>
14. Ph.D in Social Work, Social Welfare, Social Services, or Social Policy	<input type="checkbox"/>
15. Substance Abuse Professional Certification	<input type="checkbox"/>
16. Certified Domestic Violence Counselor	<input type="checkbox"/>
17. Certified HIV Counselor	<input type="checkbox"/>
18. Professional Organization Membership (e.g., National Association of Social Workers, California Association of Social Workers, etc.)	<input type="checkbox"/>

**CLINICAL SOCIAL WORKER (H/CF) - SAFETY
SUPPLEMENTAL APPLICATION**

Name: _____

EXPERIENCE	FREQUENCY				LEVEL OF SKILL				
<p>Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #19-38, indicate:</p> <p>Frequency:</p> <ul style="list-style-type: none"> If you have performed this task within the last 24 months; <u>and</u> How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column) <p>Level of Skill:</p> <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) 	Performed this task in the Last 24 months		Weekly	Monthly	Annually		Not performed	Performed during training	Performed AFTER licensure
19. Assist patients in locating and taking advantage of available treatment, casework, and/or community services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Provide individual and group therapy for patients to reach therapeutic goals determined in consultation with the treatment team.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Prepare bio-psychosocial case history information for use in diagnosis.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Perform psychosocial assessments and participate in diagnostic formulation for clients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Review psychological tests and assessments	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Perform diagnostic formulation in order to develop a treatment plan.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Develop treatment and discharge plans and provide clinical treatment/therapies to clients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Work as a team member with other treatment disciplines.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Manage situations with hostile clients.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Resolve social work-related ethical and legal guideline/mandate issues.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Acquaint medical, nursing and other staff with the social service role in patient treatment.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Provide training to medical and other mental or health care staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Counsel patients, relatives, family caretakers, employers, and others on matters related to the patients' welfare.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Assist with, or conduct community social work programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Participate in meetings, committees and conferences.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CLINICAL SOCIAL WORKER (H/CF) - SAFETY
SUPPLEMENTAL APPLICATION**

Name: _____

EXPERIENCE	FREQUENCY				LEVEL OF SKILL				
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #19-38, indicate: Frequency: <ul style="list-style-type: none"> If you have performed this task within the last 24 months; <u>and</u> How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) 	Performed this task in the Last 24 months		Weekly	Monthly	Annually		Not performed	Performed during training	Performed AFTER licensure
34. Participate in peer review/quality management process.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Interact with outside monitoring agencies	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Refer clients to Social Security/public agencies.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Provide crisis intervention with patients to manage crises and determine the appropriate level of care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Follow due process for involuntary hospitalization and/or medication.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CLINICAL SOCIAL WORKER (H/CF) - SAFETY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Tracy, San Joaquin County
- ☐ 3901 **Deuel Vocational Institution**
Represa, Sacramento County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**
Conservation Camp Facility
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison –**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**
Facility, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**
at Rock Mountain, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**
Reception Center & Clinic
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

**CLINICAL SOCIAL WORKER (H/CF) - SAFETY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT CLINICAL SOCIAL WORKER (H/CF) - SAFETY EXAMINATION?

Check the box that best describes how you found out about the Clinical Social Worker (H/CF)- Safety Examination?

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other